



Substance Use Disorders

Palo Alto, CA

QUERI Fact Sheet

June 2006

QUERI currently focuses on ten conditions that are prevalent and high-risk among veteran patients: chronic heart failure, colorectal cancer, diabetes, HIV/ Hepatitis, ischemic heart disease, mental health, polytrauma and blast-related injuries, spinal cord injury, stroke, and substance use disorders.

Substance use disorders (SUDs) are the “nation’s number one health problem,” according to a recent Robert Wood Johnson Foundation report. In addition to their deleterious effects on physical health, as well as psychological, social and occupational functioning, substance use disorders are estimated to cost the US \$414 billion annually. In the Veterans Health Administration (VHA), almost 222,000 veterans seen in FY04 had SUD diagnoses other than nicotine dependence. Moreover, an estimated 1.4 million veterans smoke tobacco; in FY04, 404,000 VHA patients had nicotine dependence diagnoses without other SUD diagnoses.

Substance Use Disorder Quality Enhancement Research Initiative

The Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI) seeks to improve the detection and treatment of VHA patients’ misuse of psychoactive substances by implementing evidence-based practices in four areas:

- alcohol misuse in primary care,
- retention of patients in continuing outpatient SUD care,
- tobacco use/smoking cessation, and
- co-occurring infectious diseases and psychiatric disorders among patients with SUDs.

SUD-QUERI Projects and Findings

Following are some examples of current SUD-QUERI projects that focus on health issues of critical importance to veterans with substance use disorders.

Alcohol misuse in primary care

Most veterans with alcohol misuse engage in risky drinking or have mild problems due to drinking. Such patients clearly benefit from brief alcohol counseling that can be delivered by non-specialists (e.g., primary care providers), whereas patients with alcohol dependence should be offered specialty SUD care or other care management. SUD-QUERI is working to have the AUDIT-C (Alcohol Use Disorders Identification Test-Consumption) designated as the standard screener for alcohol misuse in the VA, and performance is being tracked by VA’s Office of Quality and Performance (OQP) as one of seven core clinical indicators.

SUD-QUERI also is focusing on the implementation of brief alcohol counseling,

including educational efforts directed at quality managers, clinical leaders, and primary care clinicians, as well as the development of informatics tools to support efficient brief alcohol counseling. SUD-QUERI conducted a demonstration project to evaluate the implementation of a CPRS (VA’s Computerized Patient Record System) alcohol counseling clinical reminder at eight facilities in VISN 21. Reports revealed that rates of brief alcohol counseling surpass 60% at all eight facilities, which is far higher than rates of brief alcohol counseling in two non-VA multi-site implementation trials.

Retention in continuing SUD care

To enhance patient retention in continuing outpatient substance use disorders care, SUD-QUERI is working to identify and implement effective continuity of care practices and to facilitate the use of opioid-agonist therapies for opioid-dependent patients. The SUD-QUERI has developed several pre-implementation intervention projects for enhancing patient retention in SUD con-

The SUD-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The SUD-QUERI research coordinator is **Thomas Kosten, MD**, and the clinical coordinator is **Daniel Kivlahan, PhD**. The Executive Committee includes other experts in the field of substance use disorders: Paul Barnett, PhD; Thomas Berger, PhD; **Katharine Bradley, MD**; (co-Clinical Coordinator); Mr. Anthony Catapano; Geoff Curran, PhD; **Hildi Hagedorn, PhD** (Implementation Research Coordinator); Keith Humphreys, PhD; Anne Marie Joseph, MD, MPH; Thomas Kosten, MD; Joseph Liberto, MD; Rudolf Moos, PhD; Jon Morgenstern, PhD; Dennis Raisch, RPh, PhD; Kathleen Schutte, PhD; Mark Shelhorse, MD; Scott Sherman, MD; Richard Suchinsky, MD; and Mark Willenbring, MD.

tinuing care (e.g., a trial of a contingency management intervention), as well as two pilot implementation projects.

Established guidelines for methadone therapy identify specific effective practices for retaining patients in treatment (e.g., adequate methadone doses and psychosocial services). Further, methadone and buprenorphine are effective in retaining opioid-dependent patients in treatment and producing positive patient outcomes. The quality improvement component of the SUD-QUERY's initial implementation project developed a toolkit to foster these practices. Using this toolkit, SUD-QUERY is surveying methadone program leaders regarding current practices and interest in quality improvement participation, and is arranging a system-wide quality improvement telephone conference, followed by consultation and, ultimately, a post-intervention evaluation.

In addition, SUD-QUERY collaborated with other VA stakeholders to have buprenorphine placed on the VHA National Formulary. The work group also is conducting a project to identify barriers to and facilitators of the implementation of sublingual buprenorphine therapy for the treatment of opioid dependence within VHA, and is working to have VA physicians complete the required training to prescribe buprenorphine and to provide a consultation service to new VHA prescribers.

Tobacco use/Smoking cessation

Overwhelming evidence supports the cost-effectiveness of smoking cessation treatment. The recently updated VA/DoD Guideline for Management of Tobacco Use recommends that all tobacco users receive counseling and smoking cessation medications in the most intensive setting they are willing to attend. The Tobacco Use/Smoking Cessation (TU/SC) Work Group, led by SUD-QUERY investigators, is working with OQP and the

Public Health Strategic Healthcare Group to assess the quality of smoking cessation care for hospitalized VA patients, and to create a national clinical reminder for TU/SC that will be tested at a small number of VA sites before being implemented nationally. SUD-QUERY also is developing evidence-based measures that will emphasize the importance of offering all tobacco users effective treatments, including medications to help veterans quit, and increasing the use of cost-effective telephone counseling for smoking cessation.

Veterans with SUD and co-occurring condition(s)

Quality improvement targets for SUD-QUERY and collaborating VA partners include veterans with two infectious diseases (viral hepatitis, especially hepatitis C, and HIV/AIDS) and two psychiatric disorders (depression and PTSD) commonly prevalent among veterans with SUDs. Work focusing on patients with comorbid SUDs and viral hepatitis is being conducted in collaboration with the Minneapolis VHA Hepatitis C Resource Center. Work with HIV/Hepatitis-QUERY is focusing on provider training required to prescribe buprenorphine for opioid-dependent veterans with HIV, and on increasing the use of telephone counseling for smoking cessation within all HIV Clinics in VISNs 21 and 22.

The SUD and Mental Health QUERYs also are collaborating to improve integration of care for patients with both SUDs and psychiatric disorders (particularly depression) seen in primary care. And in collaboration with VISN 21 and VISN 4, and the National PTSD Center at Menlo Park, CA, SUD-QUERY is seeking to implement and support ongoing evidence-based screening and access to effective treatment for veterans with PTSD who are in SUD treatment, particularly among veterans returning from Iraq and Afghanistan.

THE QUERY PROCESS

QUERY utilizes a six-step process to diagnose gaps in performance and identify and implement interventions to address them:

- 1)** Identify high-risk/high volume diseases or problems;
- 2)** Identify best practices;
- 3)** Define existing practice patterns and outcomes across VA and current variation from best practices;
- 4)** Identify and implement interventions to promote best practices;
- 5)** Document that best practices improve outcomes; and
- 6)** Document that outcomes are associated with improved health-related quality of life.

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